

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR PREPARING A DAIRY PRODUCT
Attorney Docket Number::	0508-1169
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: STEPHANE
Middle Name::
Family Name:: DOAT
Name Suffix::
City of Residence:: LA VILLE DU BOIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 6, ALLEE DES MESANGES
Address::
City of Mailing Address:: LA VILLE DU BOIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-91620

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SPAIN
Status:: Full Capacity
Given Name:: ELENA
Middle Name::
Family Name:: VELA ROCA
Name Suffix::
City of Residence:: BARCELONA
State or Province of
Residence::
Country of Residence:: SPAIN
Street of Mailing CALLE GOLF DE BISCAIA, 42
Address:: SANT CUGAT DEL VALLES
City of Mailing Address:: BARCELONA

State or Province of Mailing Address::
Country of Mailing Address:: SPAIN
Postal or Zip Code of Mailing Address:: E-08190

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SPAIN
Status:: Full Capacity
Given Name:: AGUSTI
Middle Name::
Family Name:: MONTSERRAT CARRERAS
Name Suffix::
City of Residence:: BARCELONA
State or Province of
Residence::
Country of Residence:: SPAIN
Street of Mailing CARRETERA SANT ANTONI VILAMAJOR, 43
Address:: LLINARS DEL VALLES
City of Mailing Address:: BARCELONA
State or Province of Mailing Address::
Country of Mailing Address:: SPAIN
Postal or Zip Code of Mailing Address:: E-08450

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ARGENTINA
Status:: Full Capacity
Given Name:: RICARDO
Middle Name::
Family Name:: WEILL
Name Suffix::
City of Residence:: BUEONOS AIRES
State or Province of
Residence::
Country of Residence:: ARGENTINA
Street of Mailing EMILIO MITRE 279

Address:: VILLA SARMIENTO
City of Mailing Address:: BUEONOS AIRES
State or Province of Mailing Address::
Country of Mailing Address:: ARGENTINA
Postal or Zip Code of Mailing Address:: AR-1706

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CLAUDE EMMANUELLE
Middle Name::
Family Name:: GASPARD
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 98, RUE DE LA CROIX NIVERT
Address::
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75015

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: BERNARD
Middle Name::
Family Name:: ROBINE
Name Suffix::
City of Residence:: LES PLESSIS ROBINSON
State or Province of
Residence::

Country of Residence:: FRANCE
 Street of Mailing 3, RUE DU CARREAU
 Address::
 City of Mailing Address:: LES PLESSIS ROBINSON
 State or Province of Mailing Address::
 Country of Mailing Address:: FRANCE
 Postal or Zip Code of Mailing Address:: F-92350

Correspondence Information

Correspondence Customer 00466
 Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/000203	2/1/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	04/01513	2/16/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::